

Your Medicare Coverage Choices at a Glance

ORIGINAL MEDICARE

OR

MEDICARE PART C (Medicare Part C - HMO or PPO)

Remain enrolled in:

PART A

Hospital
Insurance

PART B

Medical
Insurance

PART A

Hospital
Insurance

PART B

Medical
Insurance

Decide if you need to purchase
drug coverage.

PART D

Prescription
Drug Plan

Decide if you need to purchase
supplemental coverage.

MEDIGAP

**Medicare Supplement
Insurance**

2 levels of coverage

MEDICARE ADVANTAGE

PART C

All Parts of Medicare
coverage is administered by
the private insurance provider.

Part A, Part B,
and Prescription Drug
Coverage

Health Maintenance
Organizations (HMO)

Preferred Provider
Organizations (PPO)

What is Medicare?

Medicare is health insurance for the following:

- People 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease (ESRD)
(Permanent kidney failure requiring dialysis or a kidney transplant)

The Different Parts of Medicare

The different parts of Medicare help cover specific services:

**H**

Medicare Part A (Hospital Insurance)

- Helps cover inpatient care in hospitals.
- Helps cover skilled nursing facility, hospice, and home health care.



Medicare Part B (Medical Insurance)

- Helps cover doctors' and other health care providers' services, outpatient care, durable medical equipment, and home health care.
- Helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.



Medicare Part C (also known as Medicare Advantage)

Offers health plan options run by Medicare-approved private insurance companies. Medicare Advantage Plans are a way to get the benefits and services covered under Part A and Part B. Most Medicare Advantage Plans cover Medicare prescription drug coverage (Part D). Some Medicare Advantage Plans may include extra benefits or an extra cost.



Medicare Part D (Medicare Prescription Drug Coverage)

- Helps cover the cost of prescription drugs
- May help lower your prescription drug costs and help protect against higher costs
- Run by Medicare-approved private insurance companies



Medicare Part B Preventive Services

(Medicare Advantage Plan co-pays for these services may vary)

Updated 10/20

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
"WELCOME TO MEDICARE EXAM" (Billing code is G0402)	All beneficiaries (one time only within first 12 months of joining Part B)	No cost
ANNUAL WELLNESS VISIT (AWV) (Billing code for first AWV is G0438 and G0439 for all other AWVs)	Beneficiaries with Part B for more than 12 months	No cost
ADVANCE CARE PLANNING	All beneficiaries	No cost if done at AWV
ABDOMINAL AORTIC ANEURYSM SCREENING Once in a lifetime	Beneficiaries w/risk factors: family history, male age 65-75, having smoked 100 cigarettes	No cost
ALCOHOL MISUSE SCREENING & COUNSELING Once every 12 months	All beneficiaries	No cost
BONE MASS MEASUREMENTS Once every 24 months. More often if medically necessary	Beneficiaries at risk for osteoporosis or meet other criteria	No cost
CARDIOVASCULAR DISEASE <ul style="list-style-type: none"> <i>Behavioral health</i> One visit per year 	All beneficiaries	No cost
CARDIOVASCULAR SCREENING <ul style="list-style-type: none"> <i>Blood pressure monitoring and counseling</i> Once every 12 months <i>Blood tests for cholesterol, fat or lipids, and triglyceride levels</i> Once every 5 years 	All beneficiaries	No cost
COLORECTAL CANCER SCREENING <p><i>Fecal Occult Blood Test</i> Once every 12 months</p> <p><i>Flexible Sigmoidoscopy</i> Once every 48 months or 10 years after previous colonoscopy if not at high risk.</p> <p><i>Colonoscopy</i> Once every 24 months if at high risk for colon cancer- once every 10 years if not at high risk or 48 months after a flexible sigmoidoscopy</p> <p><i>Barium Enema</i> Once every 48 months or 24 months if high Risk when used instead of a sigmoidoscopy or colonoscopy</p> <p><i>Multi-target stool DNA test (Cologuard™)</i> Once every 3 years</p>	<p>All beneficiaries age 50 and over</p> <p>All beneficiaries age 50 and over</p> <p>All beneficiaries</p> <p>All beneficiaries age 50 and over</p> <p>Beneficiaries between 50-85; no signs of colorectal disease & at average risk for colorectal cancer</p>	<p>No cost for test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.</p> <p>No cost</p> <p>No cost</p> <p>20% of the Medicare-approved amount for the doctor's services. In outpatient hospital setting, you also have co-payment</p> <p>No cost</p>
DEPRESSION SCREENING Once every 12 months	All beneficiaries	No cost
DIABETES PREVENTION PROGRAM 16 core sessions offered in a group setting over a 6-month period. Six months of follow up sessions. 12 months of maintenance sessions.	Beneficiaries with risk factors (A1C test result 5.7-6.1%; fasting plasma glucose 110-125mg/dL within 12 months, first session; BMI of 25+; not previously diagnosed w/Type 1 or Type 2 diabetes)	No cost

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
DIABETES SCREENING AND LAB TESTS <ul style="list-style-type: none"> Up to 2 diabetes screenings per year based on risk factors and results of screenings Includes fasting plasma glucose test 	Beneficiaries with risk factors (high blood pressure, abnormal cholesterol levels, obesity, or history of high blood sugar)	No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.
DIABETES SELF-MANAGEMENT TRAINING Education for people who have diabetes. Doctor must refer for service	Beneficiaries at risk for complications from diabetes	20% of the Medicare-approved amount after the yearly Part B deductible
GLAUCOMA SCREENING TEST Once every 12 months. Test conducted/supervised by ophthalmologist/optometrist.	Beneficiaries at high-risk (diabetes/family history; African Americans 50+; Hispanic 65+)	20% of the Medicare-approved amount after the yearly Part B deductible
HEPATITIS B SCREENING Once every 12 months if at high risk. If pregnant, at 1st prenatal visit and time of delivery. PCP must order test.	Beneficiaries at medium or high risk for Hepatitis B	No cost
HEPATITIS C SCREENING One screening test per lifetime. Repeat screenings for high risk beneficiaries. PCP must order test.	Beneficiaries born between 1945-1965 or at high risk	No cost
HIV SCREENING Covered once every 12 months or up to 3 times during a pregnancy	All beneficiaries	No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.
LUNG CANCER SCREENING Low Dose Computed Tomography (LDCT)- Once every 12 months	Beneficiaries between age 55-77 who are current smokers/quit in the last 5 years, with a smoking history (30 "pack years")	No cost
MAMMOGRAMS Once every 12 months	All female beneficiaries age 40+ and older	No cost
MEDICAL NUTRITION THERAPY Nutrition counseling to help manage diabetes or kidney disease-doctor must refer for service	Beneficiaries with diabetes or kidney disease	No cost
OBESITY SCREENING AND COUNSELING Individuals with BMI > 30 are eligible for intensive counseling	All beneficiaries	No cost (if counseling is provided in a primary care setting)
PAP TESTS AND PELVIC EXAMS Once every 2 years. Once every year if at high risk for cervical cancer or abnormal Pap in past 3 years.	All female beneficiaries	No cost
PROSTATE CANCER SCREENING Digital Rectal Exam and Prostate Specific Antigen (PSA) once every 12 months	All male beneficiaries age 50 and over	No cost for PSA test. 20% Medicare-approved amount after Part B deductible for doctor's visit
SHOTS (VACCINATIONS) <i>Flu Shot</i> Once per year <i>Pneumococcal (Pneumonia) Shot</i> Initial shot for all who never received shot under Part B. Second shot given 11 months after first <i>Hepatitis B Shots</i> Covers 3 shots needed for protection	All beneficiaries ----- All beneficiaries ----- Beneficiaries at risk	No cost ----- No cost ----- No cost
SMOKING CESSATION Counseling for 2 cessation attempts for a total of 8 visits within a 12-month period	Beneficiaries not diagnosed with an illness caused or complicated by tobacco use	No cost
STI (Sexually Transmitted Infection) SCREENING AND COUNSELING Lab tests for STIs	Beneficiaries at risk	No cost



2021 Medicare Part A Benefits and Gaps

Updated 11/6/2020

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part A		
Inpatient Hospital Care* Days 1-60 Days 61-90 Days 91-150 (<i>lifetime reserve days</i>) All additional days Semiprivate room and board, general nursing, and other hospital services and supplies.	\$1,484 deductible \$371 per day \$742 per day All costs	Balance Balance Balance Nothing
Skilled Nursing Facility Care* Days 1-20 Days 21-100 All additional days After three-day hospitalization and admitted to a skilled nursing facility approved by Medicare within 30 days of discharge.	Nothing \$185.50 per day All costs	All costs Balance Nothing
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	20% of approved amount	80% of approved amount
Hospice Care Pain relief, symptom management and support services for the terminally ill.	Small co-payments for inpatient respite and drugs	Balance
Blood	For first 3 pints	All but first 3 pints per calendar year

*A benefit period provides 90 days of hospital care, if needed. A new benefit period begins each time the beneficiary is out of the hospital or has not received skilled nursing care from any other facility for 60 consecutive days.

Part A Premiums for Voluntary Enrollee (individuals who must purchase Part A):

30-39 work credits \$259/month in 2021

0-29 work credits \$471/month in 2021

Refer to Medicare & You Handbook for more information about Medicare benefits. Or call Medicare at 1-800-633-4227 TTY: 1-877-486-2048

2021 Medicare Part B Benefits and Gaps

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part B		
Medical Expenses <ul style="list-style-type: none"> • Doctors' services • Inpatient and outpatient medical services and supplies • Physical and speech therapy • Diagnostic tests • Ambulance services Medicare also pays for other medically necessary services, see Medicare Handbook.	\$203 deductible* plus 20% **of Medicare's approved amount. Limited charges above the approved amount may apply for some Part B providers.	80% of Medicare's approved amount after \$203 deductible has been met.
Clinical Lab Tests Blood tests, urinalysis, and more.	Nothing for tests if medically necessary.	Generally 100% of approved amount.
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	After \$203 deductible, you pay 20% of approved amount	80% of approved amount after \$203 deductible
Outpatient Hospital Treatment	After \$203 deductible, you pay a co-payment according to the service.	Medicare payment to hospital based fee schedule.
Blood	For first 3 pints, plus 20% of approved amount (after \$203 deductible).	80% of approved amount (after \$203 deductible and starting with the 4th pint).

* Once you have incurred \$203 of expenses for Medicare-covered services in any year, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

** Part B Coinsurance is paid after you have met the annual Part B deductible of \$203 for covered services in 2021.

Services Not Covered by Medicare (partial list only): Private Duty Nursing, Experimental Procedures, Care Outside of the U.S., Custodial Care at Home, Custodial Care in Nursing Home, Outpatient Prescription Drugs, Hearing Aids, Eyeglasses (generally), Most Chiropractic Services, Dental Care, Acupuncture, or Private Hospital Room.



2021 Medicare Premiums

Updated 11/06/2020



Part A Premium

Individuals who did not work 40 credits will pay a monthly Part A premium based on the amount of credits they worked.

0-29 credits \$471/month **30-39 credits** \$259/month

Part B Premium

The monthly standard Medicare Part B premium in 2021 for Medicare beneficiaries will be \$148.50. It may be a little less for those protected under the hold harmless provision.

The Part B premium a beneficiary pays each month is based on his or her annual income. Specifically, if a beneficiary's "modified adjusted gross income" (**MAGI**) is greater than the legislated threshold amounts the beneficiary is responsible for a larger portion of the estimated total cost of Part B benefits. The Affordable Care Act requires Part D enrollees whose incomes exceed the same thresholds pay a monthly adjustment amount. The monthly Part D adjustment will be taken out of a beneficiary's Social Security check and paid to Medicare. These enrollees will pay the regular plan premium to their Part D plan. Social Security will inform beneficiaries of their adjustment. Appeals procedures will be included.

The 2021 Part B monthly premium and Part D adjustment amount are based on one's 2019 tax return.

Individual tax return, with income (MAGI):	Beneficiaries who file		Will pay a	
	Married with a joint tax return, with income:	Married with a separate tax return from their spouse, with income:	Monthly Part B Premium of:	Monthly Part D Adjustment of:
Less than or equal to \$88,000	Less than or equal to \$176,000	Less than or equal to \$88,000	Less than \$148.50 (Held Harmless) \$148.50	\$0
Greater than \$88,000 and less than or equal to \$111,000	Greater than \$176,000 and less than or equal to \$222,000	Not applicable	\$207.90	\$12.30
Greater than \$111,000 and less than or equal to \$138,000	Greater than \$222,000 and less than or equal to \$276,000	Not applicable	\$297.00	\$31.80
Greater than \$138,000 and less than or equal to \$165,000	Greater than \$276,000 and less than or equal to \$330,000	Not applicable	\$386.10	\$51.20
Greater than \$165,000 and less than \$500,000	Greater than \$330,000 and less than \$750,000	Above \$88,000 and less than \$412,000	\$475.20	\$70.70
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$412,000 and above	\$504.90	\$77.10

Medicare Supplements (medigap) at a Glance - 2021

Massachusetts only

	Part A Hospital deductible	Part B Doctors deductible	Part B Doctors copay	Monthly medigap premium
NO medigap	1484	203	20%	0
CORE	1484	203	0	107-140
Supplement 1A	0	203	0	180-195
Supplement 1	0	0	0	215-250

Continuous open enrollment year round

You must ALSO pay the part B premium, normally \$148.50



2021 Medigap Plans

Updated 11/9/2020



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medigap Carriers	Supplement Core Monthly Premium	NEW Medigap 1A Monthly Premium	Medigap 1 Monthly Premium Only available if eligible for Medicare Prior to 1/1/2020 *
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) 1-800-258-2226 (member services) http://www.bluecrossma.com/medicare	\$107.88 *\$110.19 *Vision & Hearing	\$183.48 *\$185.79 *Vision & Hearing	\$215.45 *\$217.76 *Vision & Hearing
Fallon Community Health Plan 1-866-330-6380 (sales) 1-800-868-5200 (member services) http://www.fchp.org/medicare-choices	\$138.00	\$199.00	\$229.00
Harvard Pilgrim Health Care 1-800-782-0334 (sales) 1-877-907-4742 (member services) http://www.harvardpilgrim.org	\$136.00	\$195.00	\$242.00
Health New England 1-877-443-3314 http://www.healthnewengland.com	\$123.00	\$180.00	\$216.00
Humana 1-800-872-7294 (sales) 1-800-866-0581 (member services) http://www.humana-medicare.com	\$180.82 *\$194.17 *Dental & Hearing	\$282.20 *\$295.55 *Dental & Hearing	\$293.70 *\$307.05 *Dental & Hearing
Tufts Health Plan 1-800-714-3000 (sales) 1-800-701-9000 (member services) http://www.tuftsmedicarepreferred.org	\$129.00 *\$177.00 *Optional Dental	\$195.50 *\$243.50 *Optional Dental	\$228.50 *\$276.50 *Optional Dental
United HealthCare 1-800-523-5800 http://www.aarphealthcare.com Only for members of AARP	\$139.50 (6/1/20)	\$195.25	\$250.75 (6/1/20)

NOTE: If new to Medicare, check with each plan to see what discounts they may offer.

* Moving from Supplement 1 to Supplement 1A may be subject to restrictions

Note: Medex Choice™ will no longer be sold after December 1, 2019 but existing members may remain enrolled: \$154.81/month in 2020

In compliance with Medicare regulations, Medicare Medigap 2 cannot be sold after December 31, 2005 but existing members may remain enrolled. Medex Gold premium is \$930.97/month in 2020.

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Medigap 1A	Costs For Beneficiary With Supplement 1
Medicare Part A				
Inpatient Hospital Care				
Days 1-60	\$1,484 deductible	\$1,484 deductible	\$0	\$0
Days 61-90	\$371/Day	\$0	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$742/Day	\$0	\$0	\$0
All Additional Days	Full Cost	\$0 For An Additional 365 Lifetime Hospital Days	\$0 For an Additional 365 Lifetime Hospital Days	\$0 For An Additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period	An Additional 120 Days Per Benefit Period
Skilled Nursing Facility Care				
Days 1-20	\$0	\$0	\$0	\$0
Days 21-100	\$185.50/Day	\$185.50/Day	\$0	\$0
All additional Days	Full Cost	Full Cost	Full Cost	Full Cost
Blood - First 3 Pints	Full Cost	\$0	\$0	\$0
Medicare Part B				
Annual Deductible	\$203	\$203	\$203	\$0
Coinsurance for Part B after deductible	20%	\$0	\$0	\$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost* (BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	\$0	\$0



2021 Medicare Part D Stand Alone Prescription Drug Plans

Massachusetts

10/1/20- This chart is not approved by CMS

Organization Name	Plan Name /Plan ID #	Preferred Pharmacies Include:	Monthly Premium	Deductible	Monthly Premium After Full LIS	Prescription Cost/Tiers 30 Day Supply - Preferred Pharmacy	Prescription Cost/Tiers 90 Day Supply - Mail	Part D Senior Savings Model?
Aetna Medicare 1-833--526-2445 aetnamedicare.com	SilverScript Smart Rx (55601-177)	Big Y, Costco, CVS, Price Chopper, Osco, Wegmans	\$7.20	\$445*	\$3.30	\$0/\$19/\$46/49%/25%	\$0/\$57/\$138/49%	N
	SilverScript Choice (55601-004)	Big Y, Costco, CVS, Price Chopper, Osco, Wegmans	\$32.90	\$225**	\$0.00	\$0/\$5/\$35/41%/29%	\$0/\$15/\$105/41%	N
	SilverScript Plus (55601-005)	Big Y, Costco, CVS, Price Chopper, Osco, Wegmans	\$72.00	\$0	\$36.80	\$0/\$2/\$47/45%/33%	\$0/\$0/\$120/45%	N
Blue MedicareRx (1-888-543-4917) rxmedicareplans.com	Blue Medicare Rx-Value Plus (52893-001)	Big Y, CVS, Hannafords, Price Chopper, Stop & Shop, Wegmans	\$50.50	\$445*	\$15.30	\$1/\$6/\$36/40%/25%	\$1/\$12/\$72/40%	N
	Blue Medicare Rx-Premier (52893-003)	Big Y, CVS, Hannafords, Price Chopper, Stop & Shop, Wegmans	\$135.00	\$0	\$99.80	\$1/\$7/\$30/35%/33%	\$1/\$14/\$60/35%	N
Cigna HealthSpring (1-800-997-1654) cigna.com/medicare	Cigna-HealthSpring Rx Secure-Essential (55617-281)	Big Y, Hannafords, Price Chopper, Walgreens, Walmart, Wegmans	\$24.00	\$445**	\$9.50	\$0/\$2/18%/49%/25%	\$0/\$0/18%/49%	N
	Cigna-HealthSpring Rx Secure (55617-008)	Big Y, Hannafords, Price Chopper, Walgreens, Walmart, Wegmans	\$36.50	\$445***	\$0.00	\$1/\$3/\$41/50%/25%/\$0	\$0/\$0/\$123/50%/\$0	N
	Cigna-HealthSpring Rx Secure-Xtra (55617-247)	Big Y, Hannafords, Price Chopper, Walgreens, Walmart, Wegmans	\$40.90	\$100****	\$40.90	\$4/\$10/\$42/50%/31%/\$0	\$0/\$20/\$126/50%/\$0	Y
Elixir Insurance (1-866-250-2005) envisionrxplus.com	Elixir Rx Secure (57694-002) (Plan name was formerly Envision Rx Plus)	Big Y, Costco, CVS, Osco, Hannafords, Medminder, Price Chopper, Stop & Shop, Walmart Wegmans	\$34.40	\$445	\$0.00	\$1/\$7/15%/32%/25%	\$0/\$10.50/15%/32%/25%	N
	Elixir Rx Plus (57694-125)	Big Y, Costco, CVS, Osco, Hannafords, Medminder, Price Chopper, Stop & Shop, Walmart Wegmans	\$14.30	\$445**	\$14.10	\$1/\$6/\$43/45%/25%	\$0/\$6/\$107.50/45%/25%	N
Express Scripts Medicare (866-477-5703) express-scriptsmedicare.com	Express Scripts Medicare Saver (55660-219)	Big Y, CVS, Hannafords, Price Chopper, Osco, Walmart, Wegmans	\$27.40	\$285**	\$13.20	\$2/\$7/\$35/50%/28%	\$0/\$0/\$105/50%	Y
	Express Scripts Medicare Value (55660-105)	Walgreens	\$32.80	\$445***	\$0.00	\$1/\$3/\$30/50%/25%/\$0	\$0/\$0/\$90/50%/\$0	N
	Express Scripts Medicare Choice (55660-206)	Walgreens	\$76.40	\$100****	\$76.40	\$2/\$7/\$42/50%/31%/\$0	\$0/\$4/\$126/50%/\$0	Y
Humana (1-800-648-0186) humana-medicare.com	Humana Walmart Value Rx Plan (55884-182)	Costco, Walmart	\$17.20	\$445**	\$0.70	\$1/\$4/17%/35%/25%	\$3/\$12/17%/35%	N
	Humana Basic Rx Plan (55884-102)	Costco, Walmart	\$35.10	\$445	\$0.00	\$0/\$1/20%/35%/25%	\$0/\$3/15%/30%	N
	Humana Premier Rx Plan (55884-149)	Costco, Walmart	\$65.40	\$445**	\$30.20	\$1/\$4/\$45/49%/25%	\$0/\$0/\$25/49%	Y
Mutual of Omaha (1-833-530-2714) mutualofomaharx.com	Mutual of Omaha Rx Premier (57126-072)	CVS, CVS/Target, Walmart	\$25.10	\$445**	\$25.10	\$0/\$2/23%/45%/25%	\$0/\$6/23%/45%/25%	Y
	Mutual of Omaha Rx Plus (57126-002)	CVS, CVS/Target, Walmart	\$87.10	\$445	\$51.90	\$0/\$2/20%/39%/25%	\$0/\$6/20%/39%/25%	N
UnitedHealthcare (1-800-850-8230) aarpmedicareplans.com	AARP MedicareRx Saver Plus (55921-348)	Hannafords, Stop & Shop, Walgreens, Walmart, Wegmans	\$31.90	\$445	\$0.00	\$1/\$5/\$31/40%/25%	\$3/\$15/\$93/40%/25%	N
	AARP Medicare Rx Walgreens (55921-385)	Walgreens	\$37.90	\$445**	\$9.60	\$0/\$6/\$40/40%/25%	\$0/\$18/\$120/40%/25%	N
	AARP MedicareRx Preferred (55820-002)	Hannafords, Stop & Shop, Walgreens, Walmart, Wegmans	\$86.00	\$0	\$50.80	\$5/\$10/\$45/40%/33%	\$0/\$0/\$120/40%/33%	Y
WellCare (1-888-293-5151) wellcarepdp.com	WellCare Wellness Rx (54802-171)	Osco, Walmart, Wegmans	\$14.40	\$445**	\$14.40	\$0/\$8/\$40/46%/25%	\$0/\$20/\$100/46%	Y
	WellCare Value Script (54802-137)	CVS, Osco, Walgreens, Wegmans	\$16.20	\$445**	\$16.20	\$0/\$8/\$43/47%/25%	\$0/\$20/\$107.50/47%	Y
	WellCare Medicare Rx Select (55810-276)	CVS, Osco, Walgreens, Wegmans	\$26.40	\$400**	\$3.60	\$0/\$3/\$47/42%/25%	\$0/\$7.50/\$117.50/42%	N
	WellCare Classic (54802-076)	CVS, Osco, Walgreens, Wegmans	\$31.00	\$445	\$0.00	\$0/\$2/\$30/34%/25%	\$0/\$5/\$75/34%	N
	WellCare Medicare Rx Saver (55810-036)	CVS, Osco, Walgreens, Wegmans	\$35.70	\$445	\$0.00	\$0/\$2/\$42/37%/25%	\$0/\$5/\$105/37%	N
	WellCare Medicare Rx Value Plus (55768-126)	CVS, Osco, Walgreens, Wegmans	\$74.40	\$0	\$39.20	\$1/\$4/\$47/47%/33%	\$0/\$10/\$117.50/47%	Y

Pink highlighted basic plans have a premium below 2021 benchmark of \$35.16 (or within \$2.00 de minimis amount). All plans are National except Blue Cross plans.

Plan copayments listed above are for preferred pharmacies where applicable. Otherwise, standard rates are shown. Contact plan for more details.

*Tier 1 or **Tier 1 and 2 or *** Tiers 1,2, and 6 or **** Tiers 1,2,3 and 6: Medications not subject to plan deductible. Most plans have 5 tiers: preferred generic / non-preferred generic / preferred brand / non-preferred brand / specialty

***** Plan(s) rated 5 star for 2021

Late enrollment penalty based on 2021 National Base Beneficiary Premium of \$33.06 (Penalty is 1% each month one did not have creditable coverage)

MEDICARE ADVANTAGE

2021 MA Plans - Middlesex County - Summary for SHINE counselor use only Summary - not full plan details - Not approved by CMS										
Provider	Plan Name	Total Mnlly Premium	PCP, Specialist	Hospital Co-pays	Lab, Xray, Diag. Rad	Outpatient Surgery	Drug Ded	Ins Sav	Part B Meds	OOP Maximum
Tufts Medicare Preferred HMO 1-877-218-4835	Saver Rx	\$0.00	\$10, \$45	\$350/day, days 1-5 \$0/day (days 6+)	\$10-\$45Lab \$10-\$45 Xray \$325 Diagnostic Radiology	\$350/day	\$250	No	20%	\$7,550
	Basic Rx	\$46.00	\$10, \$40	\$275/day, days 1-5 \$0/day (days 6+)	\$10-\$40Lab \$10-\$40 Xray \$250 Diagnostic Radiology	\$250/day	\$225	No	20%	\$3,450
	Value (No Rx)	\$103.00	\$10, \$25	\$200/day, days 1-5 \$0/day (days 6+)	\$5-\$25Lab \$5-\$25 Xray \$100 Diagnostic Radiology	\$150/day	N/A	No	0%	\$3,450
	Value Rx	\$150.00	\$10, \$25	\$200/day, days 1-5 \$0/day (days 6+)	\$5-\$25Lab \$5-\$25 Xray \$100 Diagnostic Radiology	\$150/day	\$200	No	0%	\$3,450
	Prime (No Rx)	\$133.00	\$10, \$15	\$300 each stay	\$0-\$15Lab \$0-\$15 Xray 20% Diagnostic Radiology	\$100/day	N/A	No	0%	\$3,450
	Prime Rx	\$180.00	\$10, \$15	\$300 each stay	\$0-\$15Lab \$0-\$15 Xray 20% Diagnostic Radiology	\$100/day	\$0	No	0%	\$3,450
	Prime Rx Plus	\$214.00	\$10, \$15	\$200 each stay	\$0-\$15Lab \$0-\$15 Xray 20% Diagnostic Radiology	\$75/day	\$0	No	0%	\$3,450
United HealthCare 1-800-555-5757	AARP Advantage Plan 1 (HMO)	\$0.00	\$0, \$45	\$350/day (days 1-5), \$0/day (days 6+)	\$0 Lab \$15 Xray \$130 Diagnostic Radiology	\$350/ surg	\$295	Yes	20%	\$5,700
	AARP Advantage Patriot (No RX) PPO	\$0.00	\$0, \$45	\$370/day (days 1-5), \$0/day (days 6+)	\$0 Lab \$15 Xray \$130 Diagnostic Radiology	\$370/surg	N/A	No	20%	\$6,700
		out of network	\$20, \$65	28% per admit	\$0 Lab \$20 Xray 40% Diagnostic Radiology	40%			40%	\$10,000
	AARP Advantage Walgreens PPO	\$0.00	\$0, \$45	\$370/day (days 1-5), \$0/day (days 6+)	\$0 Lab \$15 Xray \$130 Diagnostic Radiology	\$370/surg	\$195	Yes	20%	\$6,700
		out of network	\$20, \$65	40% per admit	\$0 Lab \$20 Xray 40% Diagnostic Radiology	40%			40%	\$10,000
	AARP Advantage Plan 2 (HMO)	\$45.00	\$10, \$40	\$295/day (days 1-6), \$0/day (days 7+)	\$0 Lab \$15 Xray \$130 Diagnostic Radiology	\$295/surg	\$295	Yes	20%	\$4,500
	AARP Advantage Choice Regional PPO	\$49.00	\$15, \$45	\$395/day (days 1-5), \$0/day (days 6+)	\$0 Lab \$15 Xray \$125 Diagnostic Radiology	\$395/surg	\$295	Yes	20%	\$6,700
		out of network	\$35, \$65	30% per admit	\$0 Lab \$20 Xray 30% Diagnostic Radiology	30%			30%	\$10,000 combined
Aetna 1-855-275-6627	Value Plan HMO	\$0.00	\$10, \$45	\$395/day (days 1-5), \$0/day (days 6+)	\$0 Lab \$10-\$20 Xray \$100 Diagnostic Radiology	\$295/surg	\$250	No	20%	\$6,700
	Explorer Plan PPO	\$0.00	\$5, \$45	\$335/day (days 1-6), \$0/day (days 7+)	\$0 Lab \$5-\$15 Xray \$100 Diagnostic Radiology	\$335/surg	\$150	No	20%	\$6,700
		out of network	\$30, \$50	45% per admit	45% Lab 45% Xray 45% Diagnostic Radiology	45%			45%	
	Eagle Plan PPO No RX	\$0.00	\$0, \$45	\$395/day (days 1-5), \$0/day (days 6+)	\$0 Lab \$0-\$15 Xray \$100 Diagnostic Radiology	\$295/surg	N/A	No	20%	\$6,700
		out of network	\$55, \$60	50% per admit	50% Lab 50% Xray 50% Diagnostic Radiology	50%			50%	
	Explorer Premier Plan PPO	\$99.00	\$5, \$45	\$295/day (days 1-7), \$0/day (days 8+)	\$0-\$5 Lab \$5-\$20 Xray \$100 Diagnostic Radiology	\$250/surg	\$0	No	20%	\$6,700
		out of network	\$25, \$50	35% per admit	35% Lab 35% Xray 35% Diagnostic Radiology	35%			35%	

MEDICARE ADVANTAGE

2021 MA Plans - Middlesex County - Summary for SHINE counselor use only Summary - not full plan details - Not approved by CMS										
Provider	Plan Name	Total Mnlly Premium	PCP, Specialist	Hospital Co-pays	Lab, Xray, Diag. Rad	Outpatient Surgery	Drug Ded	Ins Sav	Part B Meds	OOP Maximum
Blue Cross Blue Shield 1-800-678-2265	HMO Blue Saver Rx	\$0.00	\$10, \$45	\$390/day (days 1-5), \$0/day (days 6+)	\$10 Lab \$10 Xray \$275 Diagnostic Radiology	\$325/surg	\$320	No	20%	\$7,550
	HMO Blue Value Rx	\$36.00	\$10, \$40	\$300/day (days 1-5), \$0/day (days 6+)	\$10 Lab \$10 Xray \$250 Diagnostic Radiology	\$300/surg	\$320	No	20%	\$4,900
	HMO Blue Plus Rx	\$267.00	\$5, \$35	\$150/day (days 1-5), \$0/day (days 6+)	\$0 Lab \$5 Xray \$150 Diagnostic Radiology	\$150/surg	\$200	No	10%	\$3,400
	PPO Blue SaverRx	\$0.00	\$10, \$45	\$390/day (days 1-5), \$0/day (days 6+)	\$10 Lab \$10 Xray \$325 Diagnostic Radiology	\$325/surg	\$405	No	20%	\$7,550
		out of network	\$25, \$55	\$440/day (days 1-5), \$0/day (days 6+)	45% Lab 45% Xray \$375 Diagnostic Radiology	45%				
	PPO Blue PlusRx	\$263.00	\$10, \$35	\$150/day (days 1-5), \$0/day (days 6+)	\$10 Lab \$10 Xray \$150 Diagnostic Radiology	\$150/surg	\$200	No	10%	\$3,400
		out of network	\$45, \$45	20% co-insurance	20% Lab 20% Xray 40% Diagnostic Radiology	20%				\$5,100 combined
	PPO Blue Value RX	\$76.00	\$10, \$40	\$300/day (days 1-5), \$0/day (days 6+)	\$10 Lab \$10 Xray \$250 Diagnostic Radiology	\$250/surg	\$320	No	20%	\$4,900
		out of network	\$20, \$50	\$350/day (days 1-5), \$0/day (days 6+)	40% Lab 40% Xray \$325 Diagnostic Radiology	40%				
	HMO POS Blue FlexRX	\$96.00	\$10, \$35	\$225/day (days 1-5), \$0/ day (days 6+)	\$10 Lab \$10 Xray \$200 Diagnostic Radiology	\$210/surg	\$260	No	20%	\$3,900
		out of network	\$65, \$65	20% co-insurance	20% Lab 20% Xray 40% Diagnostic Radiology	20%				\$9,900
Fallon Senior Plan 1-800-325-5669	Plus Orange RX - HMO	\$0.00	\$10, \$40	\$370/day (days 1-5), \$0/ day (days 6+)	\$0 Lab \$0 Xray \$300 Diagnostic rRadiology	\$350/surg	\$300	No	20%	\$7,550
	Plus Super Saver Rx - HMO	\$51.00	\$30, \$50	\$370/day (days 1-5), \$0/ day (days 6+)	\$0 Lab \$0 Xray \$275 Diagnostic Radiology	\$350/surg	\$445	No	20%	\$7,550
	Plus Saver - HMO (No Rx)	\$49.00	\$25, \$40	\$300/day (days 1-5), \$0/ day (days 6+)	\$0 Lab \$0 Xray \$250 Diagnostic Radiology	\$275/surg	N/A	No	20%	\$7,550
	Plus Green RX - HMO	\$89.00	\$25, \$40	\$300/day (days 1-5), \$0/ day (days 6+)	\$0 Lab \$0 Xray \$250 Diagnostic Radiology	\$275/surg	\$300	No	20%	\$6,700
	Plus Blue Rx - HMO	\$180.00	\$10, \$20	\$200 per stay	\$0 Lab \$0 Xray \$150 Diagnostic Radiology	\$120/surg	\$0	No	10%	\$3,400
Harvard Pilgrim Health Care 1-877-431-4742	Stride Basic RX - HMO	\$0.00	\$5, \$40	\$360/day (days 1-5), \$0/ day (days 6+)	\$20 Lab \$20 Xray \$300 Diagnostic Rad	\$300/surg	\$445	Yes	20%	\$4,500
	Stride Value Rx - HMO	\$67.00	\$5, \$40	\$275/day (days 1-6), \$0/ day (days 7+)	\$20 Lab \$20 Xray \$250 Diagnostic Rad	\$250/surg	\$350	Yes	20%	\$3,400
	Stride Value Rx Plus - HMO	\$168.00	\$0, \$25	\$200/day (days 1-4), \$0/ day (days 5+)	\$0 Lab \$0 Xray \$150 Diagnostic Rad	\$150/surg	\$0	Yes	20%	\$3,400

Concerned about Medicare Costs?

There may be help!

Medicare premiums, deductibles and co-payments can add up. Luckily, there are several programs that can help a beneficiary with Medicare cost-sharing. Below is a list of these programs, their eligibility requirements, information about applying, and the benefits they provide. If you have any questions regarding these programs, you may contact a SHINE Counselor at 1-800-AGE-INFO (1-800-243-4636).

Income and Asset Limits as of March 1, 2020

	Gross Monthly Income Limit	Asset Limit	Application	Benefits
MassHealth (65+ years old)	\$1,064 (individual) ¹	\$2,000 (individual) ²	MassHealth SACA-2 form 1-800-841-2900	Supplemental health and drug coverage Automatic enrollment in Senior Buy-in Automatic enrollment in Extra Help
	\$1,437 (couple) ¹	\$3,000 (couple) ²		
MassHealth Senior Buy-in (QMB)	\$1,383 (individual)	\$15,720 (individual) ²	MassHealth SACA-2 form or Mass Buy-In form 1-800-841-2900	Pays Medicare Part A & B premiums Pays Medicare Part A & B deductibles & copays Automatic enrollment in Extra Help
	\$1,868 (couple)	\$23,600 (couple) ²		
MassHealth Buy-in	\$1,755 (individual)	\$15,720 (individual) ²	MassHealth Buy-in Application 1-800-841-2900	Pays Medicare Part B premium Automatic enrollment in Extra Help
	\$2,371 (couple)	\$23,600 (couple) ²		
Extra Help Full	\$1,435 (individual)	\$9,360 (individual) ³	Social Security Application for Extra Help 1-800-772-1213	Reduces Part D premium Eliminates Part D deductible Lowers Part D copays to \$3.35/\$8.35
	\$1,939 (couple)	\$14,800 (couple) ³		
Extra Help Partial	\$1,595 (individual)	\$14,610 (individual) ³	Social Security Application for Extra Help 1-800-772-1213	Reduces Part D premium Reduces Part D deductible Lowers Part D copays to 15%
	\$2,155 (couple)	\$29,160 (couple) ³		
Prescription Advantage (no enrollment fee)	\$3,190 (individual)	NONE	Prescription Advantage Application 1-800-243-4636	Supplemental prescription coverage that reduces copays once the total retail costs of covered prescription drugs reaches \$3,750.
	\$4,310 (couple)			
Prescription Advantage (\$200 enrollment fee)	\$5,316 (individual)		Prescription Advantage Application 1-800-243-4636	Supplemental prescription coverage that pays prescription copays once out-of-pocket drug costs reach \$3,620.
	\$7,183 (couple)			
Health Safety Net (65+ years old)	Full: \$1,595 (individual) \$2,155 (couple)		MassHealth SACA-2 form 1-800-841-2900	Pays for some services at hospital; or Community Health Center (CHC). Rx & dental available at some CHC's
	Partial: \$3,190 individual \$4,310 (couple)			

¹ If over the income limit, may qualify by meeting a deductible

² Primary residence and one vehicle are not counted

³ Primary residence, vehicles, and life insurance are not counted